KPDES FORM 1

AI# 620

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

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PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

CK 200 –

I. FACILITY LOCATION AND CONTACT INFORMATION

AGENCY USE: 0 0 8 8 7 4 9

A. Name of business, municipality, company, etc. requesting permit: PRESTRESS SERVICES INDUSTRIES LLC.

B. Facility Name and Location	C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**
Facility Location Name: PRESTRESS SERVICES LLC.	Facility Contact Name and Title: Mr. ☐ Ms. ☐ PRESTRESS SERVICES LLC.
Facility Location Address (i.e. street, road, etc., **not PO Box**): 5837 MARY INGLES HWY.	Mailing Address: 216 FOUNTAIN COURT SUITE 250
Facility Location City, State, Zip Code: MELBOURNE, KENTUCKY 41059	Mailing City, State, Zip Code: LEXINGTON KENTUCKY 40509
	Facility Contact Telephone Number:

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

MANUFACTURE of PRESTRESS CONCRETE AND PRECAST CONCRETE

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:			
Other SIC Codes:	3272		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Campbell	City where facility is located (if applicable): MELBOURNE
C. Body of water receiving discharge: UNNAMED CREEK to OHIO RIVER	
D. Facility Site Latitude (degrees, minutes, seconds): 39°-2'	Facility Site Longitude (degrees, minutes, seconds): 84°-21'-40"
E. Method used to obtain latitude & longitude (see instructions): TOPO MAP	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Jeffery L. Cox	859-356-2315
Operator Mailing Address (Street): 11609 STAFFORDSBURG RD	Operator Mailing Address (City, State, Zip Code): INDEPENDENCE KY 41051
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: I	Certification Number: 5721

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0088749	1-8-08	
Number of Times Permit Reissued: 5	Date of Original Permit Issuance: 7-8-87	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	FID # 2103700008 AI ID # 620	
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	PRESTRESS SERVICES LLC C/O CARDINAL LABRITORIES
DMR Official Telephone Number:	859-341-9989

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	CARDINAL LABRITORIES
DMR Mailing Address:	104 NORTH STREET
DMR Mailing City, State, Zip Code:	Wilder Ky 41071

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
NON PROCESS INDUSTRY	$200.00

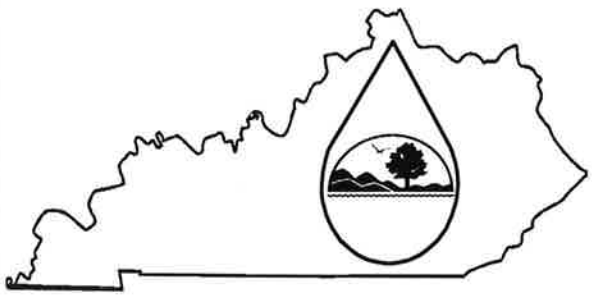
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☐ Ms. ☐ CHRIS FUCHS PLANT MANAGER	859-441-0068
SIGNATURE	DATE:
	11-23-09

AI 620

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: PRESTRESS SERVICES INDUSTRIES LLC

I. FACILITY DISCHARGE FREQUENCY — AGENCY USE: 0 0 8 8 7 4 9

A. Do discharge(s) occur all year? Yes ☑ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 7

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

MANFACTURE of PRESTRESS CONCRETE AND PRECAST CONCRETE
2 RESTROOMS, 50 employees

B. If new discharger, indicate anticipated discharge date: N/A

C. Indicate the design capacity of the treatment system: .0050 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE Degrees	Minutes	Seconds	LONGITUDE Degrees	Minutes	Seconds	RECEIVING WATER (name)
	39°	2'		84°	21'	40"	UNNAMED CREEK TO OHIO RIVER

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.): TOPO MAP

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
1	Domestic Sewage	5000 gpd	ACTIVATED SLUDGE	3A
			SETTLING	1U
			DISINFECTION	2F
			DISCHARGE TO SURFACE WATER	4A

V. Check the type(s) of wastewater discharged.

- ☑ Domestic (60% or more sanitary sewage)
- ☐ Oil field waste
- ☐ Noncontact cooling water
- ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☑ **Yes** ☐ **No**

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment — Name of lake:
- ☐ Publicly-owned treatment works (POTW). — Name of POTW: N.A.
- ☐ Land application of Effluent
- ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
- ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium	N.A.	☐	Mercury	N.A.	☐	Zinc	N.A.
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	N.A.	(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	N.A. hours	N.A. hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	N.A. per year	N.A. per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points		
Give the number of times discharge occurs per year		
Give the average volume per discharge occurrence	(1,000 gallons)	N.A.
Give the average duration of each discharge	(days)	
List month(s) when the discharge occurs		

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
CONCRETE PRESTRESS/PRECAST PLANT	50 employees
TOTAL POPULATION SERVED	

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
N.A.	N.A.	N.A.

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE	N.A.	N.A.	N.A.
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	N.A.

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ CHRIS FYCHS PLANT MANAGER	859-441-0068
SIGNATURE	DATE
	11-23-09

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM
FORM SC -- INSTRUCTIONS

Listed below are explanations of select Short Form C questions. If further information is needed concerning any question, please contact the Division of Water, KPDES Branch at (502) 564-3410.

I. WHO MUST APPLY

This application is to be completed by services, wholesale and retail trade establishments, and other commercial establishments including subdivisions and schools that propose construction or operation of a wastewater treatment facility or expansion and/or upgrading of an existing treatment plant.

A. Indicate if discharge(s) occur all year. Complete Item IX for any intermittent discharges.

II. BASIS OF DESIGN FOR SIZING THE WASTEWATER TREATMENT FACILITY

A. Give the basis of design for sizing the wastewater treatment facility. Indicate the **actual** number of population served, **actual** number of students for schools, square feet of space, etc. used in determining the size of the wastewater treatment plant.

B. If application is being submitted by new discharger, indicate date of expected commencement of discharge.

C. Indicate the design capacity of the treatment system in million gallons per day (mgd).

III. OUTFALL LOCATION

For each outfall listed, list the latitude and longitude of its location to the nearest 15 seconds and list the name of the receiving water. Latitude and Longitude readings should be taken at the last point prior to discharge to receiving water.
The method used to obtain latitude and longitude should be listed also (i.e. GPS unit, USGS topographic map coordinates, etc).

IV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

For each outfall provide: (1) a description of all operations contributing wastewater to the effluent, including sanitary wastewater and storm water runoff; (2) the average and design flows contributed by each operation; and (3) the treatment received by the wastewater.

Operations may be described in general terms for storm water. You may use any reasonable measure of duration, volume, or frequency. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order of occurrence and you should select the proper code from Table SC-1 and fill in column 3-b for each treatment unit. Insert "XX" into column 3-b if no code corresponds to a treatment unit you list.

If you are applying for a permit for a privately-owned treatment works, you must also identify all of your contributors in an attached listing.

V. Check the type(s) of wastewater being discharged.

VI. Indicate whether all water used at the facility (except for human consumption) flows to a treatment plant.

VII. Indicate discharge(s) to other than surface waters.

IX. Intermittent Discharges
Indicate the number of bypasses, overflows, and controlled releases that result in point discharges. Items A-C (as appropriate) must be completed for each intermittent discharge indicated.

X. For each area served by the wastewater treatment plant, enter the actual population served at the time of application.

XI. List any cooling water additives (if applicable), their composition, and approximate concentration.

A. List quantitative data for the pollutants or parameters listed. The data may be collected over the past 365 days if they remain representative of current operations. Applicant must collect and analyze samples in accordance with 40 CFR Part 136. Grab samples must be used for pH, temperature, oil and grease, total residual chlorine, and fecal coliform. For all other pollutants, 24-hour composite samples must be used.

New dischargers should include estimates for the pollutants or parameters listed instead of actual sampling data, along with source of each estimate. All levels must be reported or estimated as concentration and as total mass, except for flow, pH and temperature.

B. Describe the frequency of flow and duration of any intermittent discharge (except for storm water runoff, leaks, or spills).

XII. EFFLUENT CHARACTERISTICS

This part must be completed by all applicants, including outfalls containing only non-contact cooling water or storm water runoff. However, at your request, the Division of Water may waive the requirements to test for one or more of these pollutants based upon a determination that testing for the pollutant(s) is not appropriate for your effluent(s).

XIII. CERTIFICATION

The certification is to be signed as follows:
Corporation: by a principal officer of at least the level of vice president.
Partnership or sole proprietorship: by a general partner or the proprietor, respectively.
Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official

TABLE SC-1
CODES FOR TREATMENT UNITS
(For use with Form SC, Item IV)

PHYSICAL TREATMENT PROCESSES

1-A..... Ammonia Stripping
1-B..... Dialysis
1-C..... Diatomaceous Earth Filtration
1-D..... Distillation
1-E..... Electrodialysis
1-F..... Evaporation
1-G..... Flocculation
1-H..... Flotation
1-I..... Foam Fractionation
1-J..... Freezing
1-K..... Gas-Phase Separation
1-L..... Grinding (Comminutors)
1-M..... Grit Removal
1-N..... Microstraining (Microscreening)
1-O..... Mixing
1-P..... Moving Bed Filters
1-Q..... Multimedium
1-R..... Rapid Sand Filtration
1-S..... Reverse Osmosis (Hyperfiltration)
1-T..... Screening
1-U..... Sedimentation (Settling)
1-V..... Slow Sand Filtration
1-W..... Solvent Extraction
1-X..... Sorption
1-Y..... Equalization
1-Z..... Intermittent Sand Filters

CHEMICAL TREATMENT PROCESSES

2-A..... Carbon Adsorption
2-B..... Chemical Oxidation
2-C..... Chemical Precipitation
2-D..... Coagulation
2-E..... Dechlorination
2-F..... Disinfection (Chlorine)
2-G..... Disinfection (Ozone)
2-H..... Disinfection (Other)
2-I..... Electrochemical Treatment
2-J..... Ion Exchange
2-K..... Neutralization
2-L..... Reduction
2-M..... Odor Control
2-N..... Chemical Hydrolysis

BIOLOGICAL TREATMENT PROCESS

3-A..... Activated Sludge
3-B..... Aerated Lagoons
3-C..... Anaerobic Treatment
3-D..... Nitrification-Denitrification
3-E..... Pre-Aeration
3-F..... Spray Irrigation/Land Application
3-G..... Stabilization Ponds
3-H..... Trickling Filtration
3-I..... Rotating Biological Contractors
3-J..... Polishing Lagoons
3-K..... Biological Hydrolysis
3-L..... Post Aeration
3-M..... Treatment by Plain Aeration
3-N..... Holding or Detention Pond
3-P..... 1-Cell Lagoon
3-Q..... 2-Cell Lagoon
3-R..... 3-Cell Lagoon
3-S..... 4-Cell Lagoon
3-T..... Septic Tanks

OTHER PROCESSES

4-A..... Discharge to Surface Water
4-B..... Ocean Discharge Through Outfall
4-C..... Reuse/Recycle of Treated Effluent
4-D..... Underground Injection
4-E..... Reuse or Sale of Wastewater
4-F..... Temperature Control
4-G..... Eutectic Freezing
4-H..... Grease Removal

SLUDGE TREATMENT AND DISPOSAL PROCESSES

5-A..... Aerobic Digestion
5-B..... Anaerobic Digestion
5-C..... Belt Filtration
5-D..... Centrifugation
5-E..... Chemical Conditioning
5-F..... Chlorine Treatment
5-G..... Composting
5-H..... Drying Beds
5-I..... Elutriation
5-J..... Flotation Thickening
5-K..... Freezing (Sludge Treatment)
5-L..... Gravity Thickening
5-M..... Heat Drying
5-N..... Heat Treatment
5-0..... Incineration
5-P..... Land Application (Sludge)
5-Q..... Landfill
5-R..... Pressure Filtration
5-S..... Pyrolysis
5-T..... Sludge Lagoons
5-U..... Vacuum Filtration
5-V..... Vibration
5-W..... Wet Oxidation